

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

Domestic Abuse

In the Matter of:

\_\_\_\_\_  
Petitioner (first, middle, last)

On behalf of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ and for her/himself

vs.

\_\_\_\_\_  
Respondent (first, middle, last)**Law Enforcement Information Form****INSTRUCTIONS TO PETITIONER  
IMPORTANT! PLEASE READ CAREFULLY!**

The Sheriff will personally serve the Order for Protection (OFP) on the Respondent. It is important that the Sheriff have accurate and detailed information to help locate the Respondent and avoid delay.

While you are not required to give all the information requested on this information form, please provide any information you do have. If you do not provide this information, it may be more difficult to locate the Respondent and it could make service more dangerous for the Sheriff and others. Please do not let the Respondent know that the OFP is going to be served on him/her. This advance notice could make service more dangerous for the Sheriff and others.

**INFORMATION ABOUT PERSON BEING SERVED:**

Name (First, middle, and last) \_\_\_\_\_

Nickname or Alias (AKA) \_\_\_\_\_

Address Currently Living: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

Does person own a vicious animal? \_\_\_\_\_

Does person carry a gun? \_\_\_\_\_

Is this person in custody? \_\_\_\_\_ Where? \_\_\_\_\_  
Is this person a Law Enforcement Officer? Yes ☐ No ☐  
Is the person being served currently home? ☐ Yes ☐ No ☐ Unsure.  
If no, do you expect the person to return to the residence? ☐ Yes ☐ No. If yes, what day and time: \_\_\_\_\_  
Are there any young children at home? ☐ Yes ☐ No  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_  
Is the person being served an Alcoholic? \_\_\_\_\_ Drug abuser? \_\_\_\_\_  
Have access to weapons? \_\_\_\_\_ Type? \_\_\_\_\_  
Affiliated to Gang? \_\_\_\_\_ What gang? \_\_\_\_\_ Warrants? \_\_\_\_\_  
This person does/does not expect the order? \_\_\_\_\_  
Hostile to law enforcement? \_\_\_\_\_

**DESCRIPTION OF PERSON BEING SERVED:**

Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ Primary language \_\_\_\_\_  
(Or if unknown, Approx. Age)  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_  
Beard \_\_\_\_\_ Mustache/goatee \_\_\_\_\_ Glasses \_\_\_\_\_  
Scars \_\_\_\_\_ Where?/What? \_\_\_\_\_  
Tattoo(s)? \_\_\_\_\_ Where?/What? \_\_\_\_\_

**LOCATIONS WHERE PERSON BEING SERVED MAY BE FOUND:**

Employer's name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_

This person may also be found at the home of: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Other info. \_\_\_\_\_

Person being served may also be found at: School: ☐ Daycare: ☐ Church: ☐ Other: ☐  
Name of Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_

**DESCRIPTION OF PERSON BEING SERVED VEHICLE(S)**

Make & Model \_\_\_\_\_ Year \_\_\_\_\_  
License Number \_\_\_\_\_ State on license plate \_\_\_\_\_  
Number of Doors- 2 door: ☐ / 4-door: ☐ Color: \_\_\_\_\_

**OTHER LAW ENFORCEMENT AGENCIES TO CONTACT:**

Agency Name \_\_\_\_\_ Reason to Contact \_\_\_\_\_

Agency Name \_\_\_\_\_ Reason to Contact \_\_\_\_\_

Agency Name \_\_\_\_\_ Reason to Contact \_\_\_\_\_

Probation/Parole Officer Name: \_\_\_\_\_

**THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO  
THE BEST OF MY KNOWLEDGE.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YOUR INFORMATION: *DO NOT PUT PHONE NUMBERS HERE IF CONFIDENTIAL***

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_